IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216948

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4626-00-8937

APPLICANT: Superior Pools APPLICANT ADDRESS: 20315 Knox Rd Mooresville, NC

SITE ADDRESS: 587 Barber Loop Mooresville NC PHONE: 704-896-7665 ALT. PHONE:

SITE DIRECTIONS: BSR toward Lake Norman → Right on Chuckwood Rd → Left on Barber Loop → House on Right adjacent lake

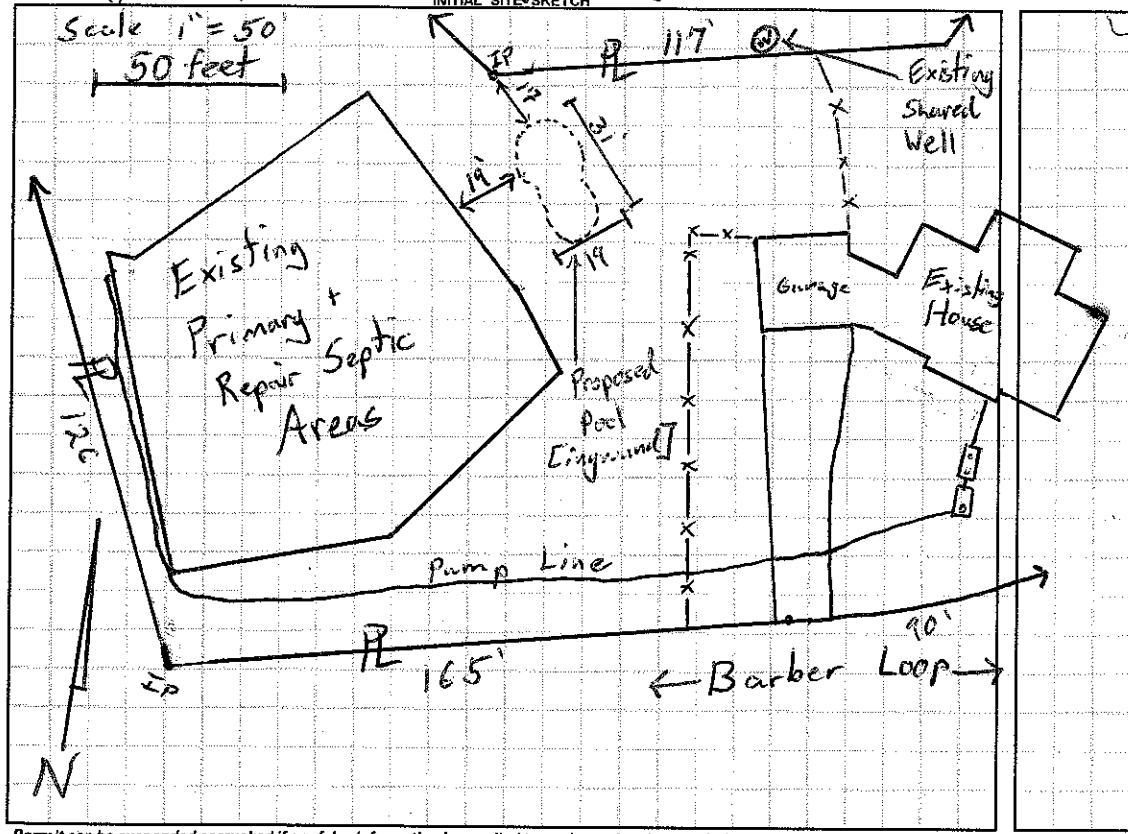
SUBDIVISION: CL+T SECTION: 7 LOT # 65 LOT AREA: 0.99 acres DESIGN FLOW: 480 gal/day L.T.A.R.: 0.30 Existing

Septic Tank	1000 Existing (gal)	STB	Ex	Date	Ex	☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 Existing (gal)	PT	Ex	Date	Ex	System Description: 25% Reduction Existing				☐ Business	No. Persons 8
Pump Make	Ex	Model	Ex	Serial #	Ex	Repair System Description: 50% Reduction Existing				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5 Ex	Linear Ft:	400 Ex	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36" Ex	Max. Trench Bottom Depth	36" Ex	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing

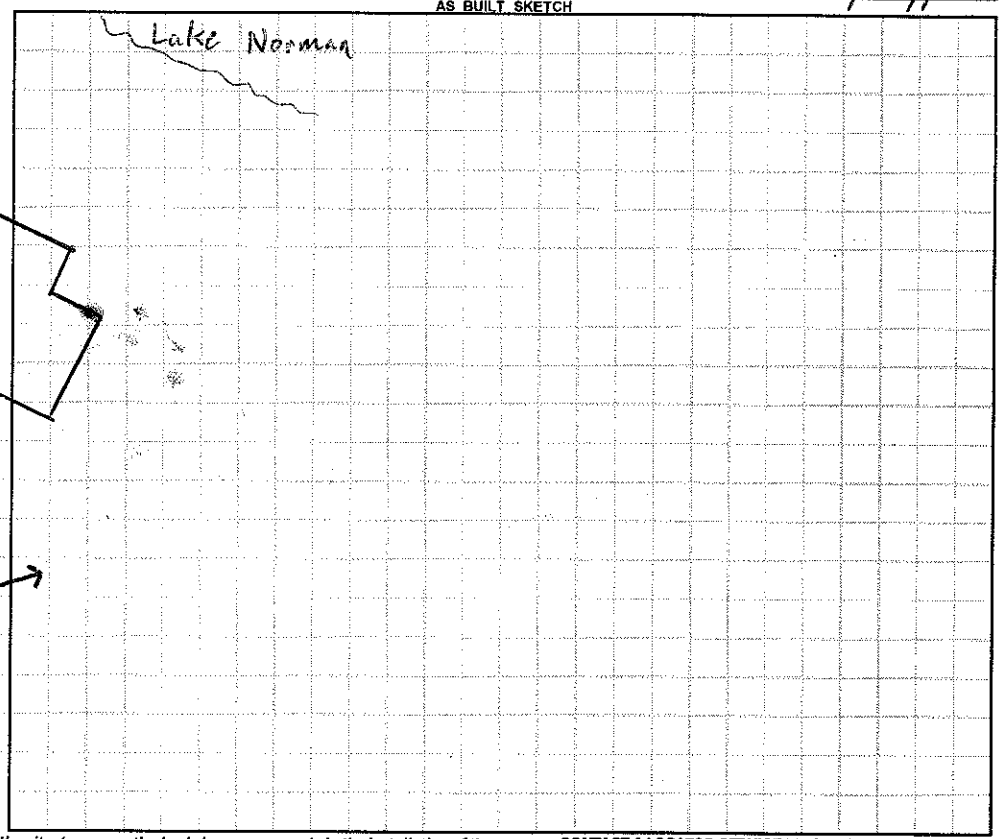
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: System appeared functional @ time of inspection. Approval is for a 19' x 31' pool as shown in the below drawing. Recommend pumping septic tank every 3-5 years and cutting down/back all non-grass vegetation within 10' of all sewage disposal system. Any change in location, orientation, or size of pool voids this approval. Also recommend homeowner drilling their own well and discontinue use of multi-connection well after health dept. approval

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 5-12-16 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Thomas D. Rhuch Date: 4-22-2016

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK